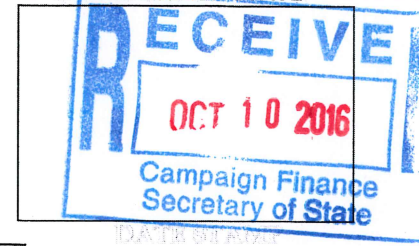


Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Judicial Election

Delbert Hosemann
SECRETARY OF STATE



Name of Committee FRIENDS TO ELECT LATRICE WESTBROOKS 2016

Address P. O. BOX 16582, JACKSON, MS 39236

County HINDS

Telephone 769-447-5971

(Fax) 769-447-5971

Treasurer's Name BRANDI L. BROWN

Email Address westbrookscos@gmail.com



Check here if above is different from previous report

TYPE OF REPORT

- May 10, 2016 Periodic Report (January 1, 2016 through April 30, 2016)Mandatory
- June 10, 2016 Periodic Report (May 1, 2016 through May 31, 2016).....Mandatory
- July 8, 2016 Periodic Report (June 1, 2016 through June 30, 2016)..... Mandatory
- X October 10, 2016 Periodic Report (July 1, 2016 through September 30, 2016).....Mandatory
- November 1, 2016 Pre-Election Report (October 1, 2016 through October 22, 2016).....Mandatory
- November 22, 2016 Pre-Runoff Report (October 23, 2016 through November 19, 2016).....Runoff Candidates
- January 10, 2017 Periodic Report (October 1, 2016 through December 31, 2016).....Mandatory
- Termination Report (Committee will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the committee shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a committee files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The Secretary of State must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day *before* the deadline.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	\$ 15,100 + 2,500	\$ 17,600.00	\$ 23,375.49
Total amount of disbursements	\$ 9,391 + 2,468.95	\$ 11,860.62	\$ 16,526.42
Total amount of cash on hand		\$ 5,739.38	

I certify I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Brandi L. Brown
Signature of Director or Treasurer

10/10/16

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

FILE WITH the Mississippi Secretary of State's Office by hand delivery to 401 Mississippi Street, Jackson, MS; mail to P. O. Box 136, Jackson, Mississippi 39205; fax to (601) 576-2545; or email to Kenneth.Jones@sos.ms.gov

Name of Candidate or Committee FRIENDS TO ELECT LATRICE WESTBROOKS 2016Reporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Rita Cooper		<u>07</u> / <u>08</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Paul Carpenter		<u>07</u> / <u>25</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address P. O. Box 1101		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Grenada, MS 38902		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Scott Colom		<u>07</u> / <u>28</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address 200 6th Street N., Suite 700		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Columbus, MS 39703		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) Self-employed		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Bailey & Griffin, P. A.		<u>08</u> / <u>02</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address P. O. Box 189		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Greenville, MS 38702		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) Attorneys		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee FRIENDS TO ELECT LATRICE WESTBROOKS 2016Reporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Saint Anthony's Hospice & Palliative Care		<u>08</u> / <u>25</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address 108 N. Ruby Ave.		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Ruleville, Ms 38771		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) Self		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) Hospice		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Barry Howard		<u>08</u> / <u>25</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address 4273 I-55 North, Suite 100		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Jackson, MS 39206		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) Self		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Walker Group, PC		<u>08</u> / <u>28</u> / <u>16</u>	\$ <u>1000.00</u>
Mailing Address 1410 Livingston Lane, Suite A		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Jackson, MS 39213		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) Self		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>1000.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Walls Law Firm, PLLC		<u>08</u> / <u>29</u> / <u>16</u>	\$ <u>1000.00</u>
Mailing Address 530 Desoto Ave.		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Clarksdale, MS 38614		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) Self		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) Attorneys		Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee FRIENDS TO ELECT LATRICE WESTBROOKS 2016Reporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Byas Funeral Home, Inc.		<u>09</u> / <u>01</u> / <u>16</u>	\$ <u>350.00</u>
Mailing Address P. O. Box 1480		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Indianola, MS 38751		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) Self		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) Funeral Director		Aggregate year-to-date	\$ <u>350.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Rebecca Wiqqs		<u>08</u> / <u>29</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address 917 Arlington Street		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Jackson, MS 39202		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) Watkins & Eager		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name George F. Hollowell, Jr. PA		<u>09</u> / <u>09</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address P. O. Box 1407		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Greenville, MS 38702		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) Self-employed		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) Attorney		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Edward A. Williamson PA		<u>09</u> / <u>09</u> / <u>16</u>	\$ <u>750.00</u>
Mailing Address P. O. Box 588		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code Philadelphia, MS 39350		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) Self		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) Attorneys		Aggregate year-to-date	\$ <u>750.00</u>

Name of Candidate or Committee FRIENDS TO ELECT LATRICE WESTBROOKS 2016

Reporting period July 1, 2016 through September 30, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Vicki Slater		09 / 13 / 16	\$ 5000.00
Mailing Address 121 Fenwick Circle		/ /	\$
City, State, Zip Code Madison, MS 39110		/ /	\$
Name of Employer (Required) Self		/ /	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 5000.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Brandi Gatewood		08 / 26 / 16	\$ 250.00
Mailing Address 2309 Pointe of view		/ /	\$
City, State, Zip Code Ocean Springs, MS 39564		/ /	\$
Name of Employer (Required) Self		/ /	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 250.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Tammy Daniels		07 / 16 / 16	\$ 250.00
Mailing Address		/ /	\$
City, State, Zip Code		/ /	\$
Name of Employer (Required) Self-employed		/ /	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 250.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Crymes G. Pittman		09 / 28 / 16	\$ 2500.00
Mailing Address 410 S. President Street		/ /	\$
City, State, Zip Code Jackson, MS 39201		/ /	\$
Name of Employer (Required) Self		/ /	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 2500.00

FRIENDS TO ELECT LATRICE WESTBROOKS 2016

Name of Candidate or Committee

Reporting period JULY 1, 2016

through SEPTEMBER 30, 2016

ITEMIZED DISBURSEMENTS

A. Full name AdWear	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 310 B Hawthorne Circle	07 / 02 / 16	\$ 374.50
City, State, Zip Code Ridgeland, MS 39157	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 374.50
B. Full name Nefetiri McDavid	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. Box 203	07 / 01 / 16	\$ 1,666.00
City, State, Zip Code Metcalfe, MS 38760	08 / 02 / 16	\$ 266.73
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1932.73
C. Full name Nefetiri McDavid	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. Box 203	08 / 05 / 16	\$ 800.00
City, State, Zip Code Metcalfe, MS 38760	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2732.73
D. Full name Sam's Club	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	07 / 22 / 16	\$ 25.66
City, State, Zip Code Ridgeland, MS 39157	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 25.66
E. Full name Classic Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 418 N. Farish Street	07 / 27 / 16	\$ 668.52
City, State, Zip Code Jackson, MS 39202	08 / 30 / 16	\$ 668.52
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1337.04
F. Full name Enterprise Leasing Company	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5355 I-55 North Frontage Road	08 / 11 / 16	\$ 770.17
City, State, Zip Code Jackson, MS 39206	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 770.17

FRIENDS TO ELECT LATRICE WESTBROOKS2016

Name of Candidate or Committee

Reporting period JULY 1, 2016

through SEPTEMBER 20, 2016

ITEMIZED DISBURSEMENTS

A. Full name Hinds County Democratic Executive Committee	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. Box 22484	09 / 14 / 16	\$ 100.00
City, State, Zip Code Jackson, MS 39225	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 100.00
B. Full name Extraordinary Gentlemen, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. Box 31022	09 / 20 / 16	\$ 50.00
City, State, Zip Code Jackson, MS 39286	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 50.00
C. Full name A2Z Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2125 TV Road	09 / 21 / 16	\$ 744.12
City, State, Zip Code Jackson, MS 39204	09 / 20 / 16	\$ 575.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1319.12
D. Full name My Campaign Store	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 304 Whittington Pkwy #201	09 / 07 / 16	\$ 809.50
City, State, Zip Code Louisville KY 40222	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 809.50
E. Full name MACE	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 119 South Theobald Street	09 / 09 / 16	\$ 250.00
City, State, Zip Code Greenville, MS 38701	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 250.00
F. Full name Fannie Lou Hamer Cancer Foundation	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 100 West Hamilton Street	09 / 23 / 16	\$ 50.00
City, State, Zip Code Lexington, MS 39079	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 50.00

FRIENDS TO ELECT LATRICE WESTBROOKS2016

Name of Candidate or Committee

Reporting period JULY 1, 2016

through SEPTEMBER 20, 2016

ITEMIZED DISBURSEMENTS

A. Full name Earl Clowers	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1065 Lemons Road	09 / 24 / 16	\$ 500.00
City, State, Zip Code Bolton, MS 39041	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 500.00
B. Full name Larry Dennis	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	09 / 30 / 16	\$ 1000.00
City, State, Zip Code Pickens, MS	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1000.00
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$